

**SUPERIOR COURT, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
JUVENILE COURT**

☐ **INDIO** 46-200 Oasis St., Indio, CA 92201

☐ **RIVERSIDE** 9991 County Farm Road, Riverside, CA 92503

IN THE MATTER OF:

MINOR(S)

PARENT/GUARDIAN'S FINANCIAL STATEMENT AND NOTICE TO DEFENDANT

CASE NUMBER:

☐ **ELIGIBILITY FOR APPOINTMENT OF COUNSEL**

☐ **REIMBURSEMENT FOR COST OF COURT APPOINTED COUNSEL**

1. a. Parent/Guardian's name:
b. Other names used:

c. Address: (NUMBER) (STREET) (CITY)

d. Date of birth:
e. Telephone number:
f. Driver's license number:
g. Social Security No.:
2. I ☐ am ☐ am not ☐ married
3. Legal or "common law" husband or wife
a. Name:
b. Other names used:

c. Address: (NUMBER) (STREET) (CITY)

d. Date of birth:
e. Telephone number:
f. Driver's license number:
4. Parent/Guardian's Present Employment:
a. Occupation:
b. Name of Employer:
c. Address:
d. Gross pay per month: \$ week: \$ day: \$
e. Take home pay per month: \$ week: \$ day: \$
f. Name of union:
g. Name of credit union:
5. If you are not now working, state the name and address of your last employer and the last day you were employed.
a. Name:
b. Address:
c. Last date of employment:
6. Legal or "common law" husband or wife
a. Present Employment:
b. Occupation:
c. Name of employer:
d. Address:
e. Gross pay per month: \$ week: \$ day: \$
f. Take home pay per month: \$ week: \$ day: \$
g. Name of union:
h. Name of credit union:

WHITE-COURT COPY
CANARY-PROBATION/DPSS
PINK-DEFENSE COUNSEL COPY

7. If legal or "common law" husband or wife is not now working, state the name and address of his/her last employer and the last day he/she was employed.

- a. Name:
b. Address:

c. Last date of employment:

8. Your dependants (*people you support*)

Name	Address	Relationship	Age
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OTHER MONTHLY INCOME

9. Defendant		Legal or "common law" husband or wife	
a. Unemployment and disability	\$	a. Unemployment and disability	\$
b. Social Security	\$	b. Social Security	\$
c. Welfare, AFDC	\$	c. Welfare, AFDC	\$
d. Veteran's benefits	\$	d. Veteran's benefits	\$
e. Worker's Compensation	\$	e. Worker's Compensation	\$
f. Child support payments	\$	f. Child support payments	\$
g. Spousal support payments	\$	g. Spousal support payments	\$
h. All other income not elsewhere listed	\$	h. All other income not elsewhere listed	\$
i. Food Stamps	\$	i. Food Stamps	\$
TOTAL:	\$	TOTAL:	\$

EXPENSES

10. Monthly expenses being paid by defendant alone or by defendant or legal or "common law" husband or wife.		
a. Rent/House pymt.	\$	f. Clothing/laundry
b. Car pymt.	\$	g. Food
c. Transportation pymt.	\$	h. Support pymt.
d. Medical/Dental pymt.	\$	i. Insurance pymt.
e. Loan pymt.	\$	j. Other pymt.
		(union, taxes, utilities)
		Total (a-j):

11. Credit cards

Company	Card No.
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12. Installment payments, other than listed in item 10.

Name of Creditor	Monthly Payment	Balance Owed
a.	\$	\$
b.	\$	\$
c.	\$	\$
d.	\$	\$
e.	\$	\$
Total:	\$	\$

ASSETS

13. What do you own? (*State value*)

- | | | | |
|--|----|----|--|
| a. Cash | a. | \$ | |
| b. Home equity | b. | \$ | |
| c. Cars, other vehicles and boat equity | c. | \$ | |
| (List make, year and license number of each) | | | |

- | | | | |
|--|----|----|--|
| d. Checking, savings and credit union accounts | d. | \$ | |
| (List name and account number of each) | | | |

- | | | | |
|---|----|----|--|
| e. Other real estate equity | e. | \$ | |
| f. Income tax refunds due | f. | \$ | |
| g. Life Insurance Policies (Ordinary life-face value) | g. | \$ | |
| h. Other personal property | h. | \$ | |
| (Jewelry, furniture, furs, stocks and bonds, etc.) | | | |

Length of ownership

Total: \$

14. ELIGIBILITY FOR APPOINTMENT OF COUNSEL AND NOTICE TO PARENT/GUARDIAN: If an attorney is appointed to represent you the court will, at the conclusion of the criminal or civil proceedings, after a hearing, make a determination of your ability to pay all or part of such cost. Such an order will have the same force and effect as a judgment on a civil action and will be subject to execution.

Notice Re Waiver of Counsel/Declaration of Parent/Guardian

I understand that if I do not provide the court with a financial form on the date of my request for counsel, I shall have given up my right to have legal counsel appointed at public expense. In that event, I further understand that I will have to provide a private attorney at my expense, or represent myself in this matter.

I declare under penalty of perjury that the foregoing is true and correct and that I understand the notice contained in item 14 and that this declaration was executed on

(date): _____ at (County) _____, California.

(SIGNATURE OF PARENT/GUARDIAN)